

JONES COUNTY ADULT DETENTION FACILITY

Release Sheet: JCADF0000092107

Page: 1

ID #: 2006100473
 Name: WILLIAMS, DAVID DREW
 Address: [REDACTED]
 Phone(Home/Business): [REDACTED] (601) 000-0000
 DOB: [REDACTED] Age: 41 YRS Height: 6-0
 Race: W Sex: M Weight: 210
 Eyes: BRO Ethnicity: N Appearance: 40
 Hair: BRO Resident: R Build: 2
 Scars/Marks/Tattoos: 07 Complexion: 06 Birth Place:
 Employer: [REDACTED] FBI ID: 63044VA1 IdentA:
 SSN: [REDACTED] DL No.: [REDACTED] MS State ID:



Booking Date: 12/14/16 Time: 13:14
 Release Date: 01/10/17 Time: 5:51
 Officer: 2016040124 EZELL, SHELLY
 Arrest Date: 12/14/16 Time: 13:00
 Arresting Agency: JCSO
 Officer: 2012010095 MYERS, CHARLES
 Location: MORRIS BROWN

Transfer(Y/N)? Facility: JCADF
 Reason for Release: TRANSPOR
 Length of Stay:
 Booking Officer: 2016020194 GAINEY, HILMON
 Cell Assignment: FHOLDING
 Status: MIN Class: MDOC
 Hold Reason: CH
 Holding For:
 Sentence Date: //
 Scheduled Release: // 0:00
 Court Date:
 Attorney:
 Bondsman:
 Supplemental To:
 Drug Screen:

LAUREL MS
 Searched By: 218 Phone Call:
 CLOTHING: Y NCIC: DETAINER:
 METAL: WARRANT: ESCAPE:
 PAT: Y PRINTS:
 STRIP: Y PHOTO: Y
 CAVITY: 10-92 P/W

Cash: \$0.75 Vehicle Information:

Vehicle Location:

Property Description:

Property Location: W LOCKER

1 LIGHTER
 1 CHAPSTICK
 1 NECKLACE
 1 SILVER RING
 1 WATCH
 1 BRACELET
 1 BELT
 RING IN ENVELOPE

RELEASED TO TINA HELMS.....253/GUTHRIE

Seq.No.:	Code:	Description:	OFFENSES	Court	Bond Amt:	Bond Type:
Notes:	Incident Number	Statute (RSA)	Warrant Number		Fel/Misd	Fine Amount:
1	97-17-70	RECIEVING STOLEN PROPERTY-FELONY (MORE THA 97-17-70	JCCC	10,000.00 F	0.00	
01/09/17,,,went to court...waitin paperwork252graham 10,000.00 BOND SET PER JUDGE LYONS						
2	97-17-70	RECIEVING STOLEN PROPERTY-FELONY (MORE THA 97-17-70	JCCC	10,000.00 F	0.00	
10,000.00 BOND SET PER JUDGE LYONS						



CLT-(WILLIAMS)-000001

JONES COUNTY ADULT DETENTION FACILITY

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Page: 2

3	97-17-70	RECIEVING STOLEN PROPERTY-FELONY (MORE THA	JCCC	10,000.00	
		97-17-70		F	0.00
10,000.00 BOND SET PER JUDGE LYONS					
4	97-17-70	RECIEVING STOLEN PROPERTY-FELONY (MORE THA	JCCC	10,000.00	
		97-17-70		F	0.00
10,000.00 BOND SET PER JUDGE LYONS					
5	97-17-70	RECIEVING STOLEN PROPERTY-FELONY (MORE THA	JCCC	10,000.00	
		97-17-70		F	0.00
10,000.00 BOND SET PER JUDGE LYONS					
6	97-9-72	FELONY FLEEING IN MOTOR VEHICLE	JCCC	10,000.00	
		97-9-72		F	0.00
10,000.00 BOND SET PER JUDGE LYONS					
7	97-9-73	RESISTING ARREST	JCCC	10,000.00	
		97-9-73		F	0.00
10,000.00 BOND SET PER JUDGE LYONS					

Release Notes:

TRANSPORTED TO MARION CO. BY OFFICER GODWIN

Total Bond Amount: \$70,000.00

I HAVE RECEIVED ALL OF MY PROPERTY, EXCLUDING MY MONEY AND VALUABLES, WHICH ARE CONTAINED IN THE SAFE. I ALSO UNDERSTAND THAT THESE ITEMS ARE TO BE PICKED UP DURING NORMAL BUSINESS HOURS AND IF NOT PICKED UP WITHIN 90 DAYS THEY WILL BE FORFEITED AND/OR DESTROYED

Inmate's Signature _____ Date _____ Time _____

Witness _____ Date _____ Time _____

Releasing Officer _____ Date _____ Time _____

Authorized Release: 2006080186



Jones County Sheriff's Department

Medical Treatment Form

Alex Hodge, Sheriff

Date	12-14-16		2:00pm
------	----------	--	--------

Adult Detention	David Drew Williams	Inmate #		Cell #	M#
Juvenile Detention					

Jones County Inmate	<input checked="" type="checkbox"/>	State Inmate	
Laurel Police Dept. Inmate		Ellisville Police Dept. Inmate	
Other Agency			

Medical Complaint	9/8 pain on Rt side of face
Treatment	mandibular fracture noted on X-ray today. IM Tetracycline given X 1 in office. Will send oral pain meds to IHS. Use ice pack on affected area. Will re-eval if any fracture noted by radiology.
	COPIES 50 mg q6 PRN pain.
	SOFT FOODS ONLY. Inmate's dental pt. can move jaw properly.

Was inmate transported to a medical facility? Facility: EMC

Yes	<input checked="" type="checkbox"/> No
-----	--

Was inmate transported by ambulance?

Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/>
-----	-----------------------------	-------------------------------------

All use of ambulance service or hospital treatment must first be approved by Administration.

Was Administration notified?

Yes	<input checked="" type="checkbox"/> No
-----	--

County Pay (Adult) 6156492	<input checked="" type="checkbox"/> (Juvenile) 6213147	
State Pay 6266923		Laurel Police Dept. Pay 5061684
Inmate Pay		

I understand that I will be responsible and I will be required to pay all medical expenses. I understand that neither the Jones County Sheriff's Department nor the Jones County Board of Supervisors will be responsible for my medical expenses while I am incarcerated in the Jones County Adult Detention Center.

Inmate Signature

Date

Print Name

INDIGENCY PROCEEDING

1. What is your name? _____
2. Are you presently in jail or out on bond? _____
3. Where do you live? _____
4. With whom do you live? _____
5. Are you employed? _____
6. What kind of work does you do or have you done and what? _____
7. Do you have any dependants, if so, how many? _____
8. Do you have any wages due to you or owing to you at this time for work performed by you in the past which has not yet been paid? _____
9. Do you have a bank account? _____
10. Do you have a checking account? _____
11. Do you have a savings account? _____
12. Do you own any stocks or bonds? _____
13. Do you own a vehicle of any type, if so, make and model and what its worth and if there is anything owed on it, who has possession of it and in whose name is it registered in? _____
14. Do you own real property, if so, what type? _____
Where is it located, in whose name is it titled? How much is it worth? What is Owed on it and to whom is it owed? _____
15. Do you own anything else of value that can be sold and/or converted into money for the purpose of hiring an attorney? _____

Then you make a determination whether or not they are indigent. If they are, then ask them if they want an attorney. If they so desire, then you appoint one.

CERTIFIED

IN THE JUSTICE COURT OF JONES COUNTY, MISSISSIPPI

STATE OF MISSISSIPPI
VERSUS

David Drew Williams

NO. _____

APPOINTMENT OF PUBLIC DEFENDER

Came before the court, this day, the defendant, David Drew Williams, requesting the Court to appoint an attorney and the Court having first placed the defendant under oath finds as follows:
Property (real or personal) _____

Employment Status _____

Number of Dependents _____

Income from any other source _____

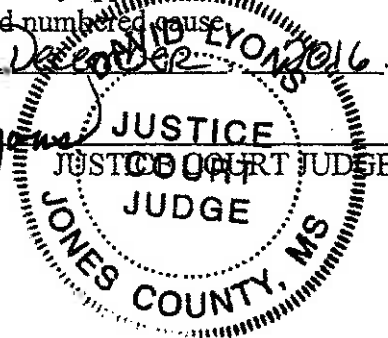
Ability of parent or spouse to provide attorney fee _____

Other _____

This Court having considered the affidavit of indigence filed by the defendant in the above styled and numbered cause and finding of the defendant's financial ability to hire counsel finds that the defendant is an indigent person within the provisions of Section 25-32-9, Mississippi Code, Annotated 1972, and hereby appoints the Public Defender to represent the defendant in the above styled and numbered cause.

SO ORDERED, THIS THE 16 DAY OF December, 2018.

David Lyons




CERTIFIED

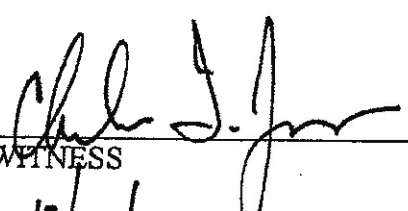
THREE WAYS TO MAKE BOND

1. PROPERTY BOND. This type bond is usually made with the assistance of an Attorney and must be approved by the Sheriff.
2. RULE BOND. This is made by filing 10% of the bond with the Circuit Clerk's office. This method may be used if you have never been convicted of a felony, and the crime you are now charged with is non-violent. Most of this money will be returned after the case has been handled by the court or applied to the fines and restitution.
3. PROFESSIONAL BONDSMAN. This method is used by paying a Professional bondsman a 10% fee if you are in the state and a 15% if outside of the state. The money is not returnable and cannot be used for fines or restitution.

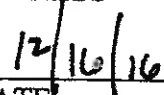
I HAVE RECEIVED A COPY OF THE THREE WAYS TO MAKE A FELONY BOND.



DEFENDANT



WITNESS



DATE

CERTIFIED

PUBLIC DEFENDERS' OFFICE NOTICE

August 13, 2013

TO ALL FELONY DEFENDANTS

FROM: Jeannene T. Pacific, Administrator of Public Defender's Office
527 Central Avenue, Laurel, MS 39440; 601-649-9200

In an effort to answer questions and make clear the position of the Jones County Public Defender's Office, please note that each lower court, Justice & Municipal, make ONLY preliminary determinations of your ability to hire private legal representation, and if they do so determine that you are entitled to a public defender, one will be appointed, on a rotation basis, to represent you.

This determination is ONLY preliminary, and at a later time you must be found to be indigent and unable to hire private legal counsel at such time as you are indicted by a Grand Jury or your case is handled through alternate means by the District Attorney's Office.

At such time as you are determined to be indigent by the Circuit Court, then you will be appointed a Public Defender. The Public Defenders are assigned cases in rotation order. You do not get to choose which Public Defender you wish. You will be assigned to either Hon. Michael Mitchell, Hon. John Piazza, or Hon. Patrick Pacific.

If you have been granted a bond hearing/initial appearance, we then wait for the proper law enforcement agency handling your case to forward the case file to the D.A.'s Office. This can take up to 3 months for the file to reach the D.A.'s Office or maybe longer.

Of course, the Public Defender's Office is glad to assist the lower courts, but our Justice Court and Municipal Court Judges furnish felony defendants a speedy and thorough Initial Appearance and bond hearing. Therefore, the Public Defender's Office is ONLY made aware of the specifics of your case when it reaches the D. A.'s Office and not at any point prior to.

I trust that the above information will prove helpful in explaining this part of the criminal process.

Sincerely

Jeannene T. Pacific

STATEMENT OF MIRANDA RIGHTS

1. You have the right to remain silent.
2. Anything you say can and will be used against you in a court of law.
3. You have the right to talk to a lawyer and have him present with you while you are being questioned.
4. If you cannot afford to hire a lawyer, one will be appointed to represent you before questioning, if you wish.
5. You can decide at any time to exercise these rights and not answer any questions or make any statements.

X Darrell Williams
DEFENDANT

WITNESSED BY:

Charles S. Myers

OFFICER'S NAME:

CHARLES S. MYERS

OFFICER'S DEPARTMENT:

SCSO

DATE:

12/16/16

TIME:

1356 hrs.

CERTIFIED

CERTIFICATE OF INITIAL APPEARANCE

I certify that David Drew Williams (FELONY) whose address is [REDACTED] was granted an initial appearance before me on the 16 day of December, 2016.

The following information was given to the defendant verbally and a copy of this certification was also given to the said defendant.

TO: David Drew Williams, defendant

1. CHARGE AND PENALTY. You have been charged with the following felony crime(s).

pg 1 of 2

CRIME	STATUTES
A. <u>Receiving Stolen Property</u>	<u>97-17-70</u>
B. <u>Receiving Stolen Property</u>	<u>97-17-70</u>
C. <u>Receiving Stolen Property</u>	<u>97-17-70</u>
D. <u>Receiving Stolen Property</u>	<u>97-17-70</u>
E. <u>Receiving Stolen Property</u>	<u>97-17-70</u>

A copy of the complaint against you is attached to this certificate. If your name and address as shown above are incorrect, the error should be pointed out to the Court, or any officer of the Court in which you appear.

2. RIGHT TO REMAIN SILENT. You are not required to speak and any statements you make may be used against you.
3. RIGHT TO AN ATTORNEY. You have the right to the assistance of counsel and if you are unable to afford counsel an attorney will be appointed to represent you. An application for appointment of counsel is attached to this certificate. If you wish to hire your own attorney, you will be given opportunity by the officer in charge of the jail to make necessary telephone calls to obtain counsel.
4. RIGHT TO COMMUNICATION. You have the right to communicate with your attorney, family, or friends and reasonable means will be provided by the officer in charge of the jail to enable you to do so.
5. RIGHT TO PRELIMINARY HEARING. You have a right to a preliminary hearing before a judicial officer of the charges made against you to determine whether there is probable cause to believe that a crime has been committed and that you committed it. If such probable cause is found not to exist, you will be discharged from custody. At any such preliminary hearing you shall have the right to cross-examine any witnesses offered against you, compel the attendance of witnesses in your own behalf by subpoena and offer any evidence in your own behalf. An application for preliminary hearing is/is not Attached hereto.

6. BAIL. You have/do not have the right to bail. Your bail is corresponding to The charge set forth in paragraph 1 above is:

a. \$10,000 b. _____ c. _____ d. _____ e. _____

X 7 Times CERTIFIED

Total \$ 70,000
challenge

CERTIFICATE OF INITIAL APPEARANCE

I certify that David Drew Williams (FELONY) whose address is [REDACTED] was granted an initial appearance before me on the 16 day of December, 2016.

The following information was given to the defendant verbally and a copy of this certification was also given to the said defendant.

TO: David Drew Williams, defendant

1. CHARGE AND PENALTY. You have been charged with the following felony crime(s).

CRIME	STATUTES
A. <u>Felony Fleeing</u>	<u>97-9-12</u>
B. <u>Felony Resisting Arrest</u>	<u>97-9-13</u>
C. _____	_____
D. _____	_____
E. _____	_____

A copy of the complaint against you is attached to this certificate. If your name and address as shown above are incorrect, the error should be pointed out to the Court, or any officer of the Court in which you appear.

2. RIGHT TO REMAIN SILENT. You are not required to speak and any statements you make may be used against you.
3. RIGHT TO AN ATTORNEY. You have the right to the assistance of counsel and if you are unable to afford counsel an attorney will be appointed to represent you. An application for appointment of counsel is attached to this certificate. If you wish to hire your own attorney, you will be given opportunity by the officer in charge of the jail to make necessary telephone calls to obtain counsel.
4. RIGHT TO COMMUNICATION. You have the right to communicate with your attorney, family, or friends and reasonable means will be provided by the officer in charge of the jail to enable you to do so.
5. RIGHT TO PRELIMINARY HEARING. You have a right to a preliminary hearing before a judicial officer of the charges made against you to determine whether there is probable cause to believe that a crime has been committed and that you committed it. If such probable cause is found not to exist, you will be discharged from custody. At any such preliminary hearing you shall have the right to cross-examine any witnesses offered against you, compel the attendance of witnesses in your own behalf by subpoena and offer any evidence in your own behalf. An application for preliminary hearing is/is not Attached hereto.
6. BAIL. You have/do not have the right to bail. Your bail is corresponding to The charge set forth in paragraph 1 above is:

a. _____ b. _____ c. _____ d. _____ e. _____

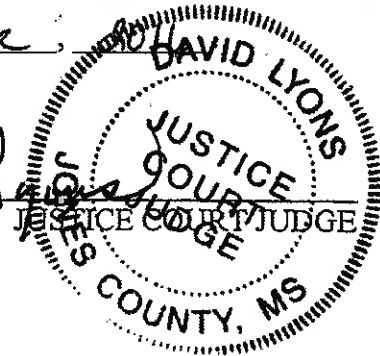
CERTIFIED

The SHERIFF OF JONES COUNTY must approve any bond.

7. COMMITMENT. You are hereby committed to the custody of the JONES COUNTY SHERIFF'S DEPARTMENT to await the action of the JONES COUNTY GRAND JURY next convened or further action of the Circuit Court of said county.

THIS THE 16 DAY OF December

Daniel Lyons



CERTIFIED

IN THE JUSTICE COURT OF JONES COUNTY, MISSISSIPPI

STATE OF MISSISSIPPI

VERSUS

David Drew Williams

NO. _____

AFFIDAVIT OF INDIGENCY

Came this day this cause, the defendant, DAVID DREW WILLIAMS, in the above styled and numbered cause and after first being placed under oath by the Court, makes affidavit that he is an indigent person within the provision of Section 25-32-9, Mississippi Code of 1972 Annotated as Amended and is unable to employ Counsel.

David Williams
X David Lyons
DAVID LYONS
DEFENDANT
JUSTICE COURT
JONES COUNTY, MS

CERTIFIED

South Central Regional Medical Center Emergency Department
1220 Jefferson Street, Laurel, MS 39440
(601) 426-4000
Discharge Instructions (Patient)

Name: WILLIAMS, DAVID D

Current Date: 2/17/2017 17:43:07

DOB: [REDACTED] **MRN:** 6070448

FIN: 100218958

Diagnosis:

Visit Date: 2/17/2017 14:44:00

Primary Care Provider:

Name: Shoemake, Kelly MD

Phone: (601) 477-8553

Emergency Department Providers:

Primary Provider:

Dunbar, Marvin

South Central Regional Medical Center Emergency Department would like to thank you for allowing us to assist with your healthcare needs. The following instructions include patient education materials and information regarding your injury/illness.

Comment:

WILLIAMS, DAVID D has been given the following list of follow-up instructions, prescriptions, and patient education materials:

Follow-up Instructions:

With:

Address:

When:

Donald Scoggin

In 1 day 2/18/2017

Comments:

Call Donnie Scoggins, NP upon arrival Jail. for further instructions and workup.

Patient Education Materials:

Seizure, Adult

2-17-17



ELLISVILLE MEDICAL PARK

A Division of South Central Regional Medical Center

Family Medicine • OB-GYN • Pediatrics • Physical Therapy

Name David Williams

DOB/MRN 3/17/75

**ALLERGIES: NKA Metformin
1000 bid

SMOKER OR NONSMOKER

LMP

Wt 146 HT 50 B/P 90 HR 90 O2 90

FINDINGS:
Seizure like act

ORDERS
To ED for Eval

DIAGNOSIS

THIS PT WAS SEEN @ JONES COUNTY ADULT DETENTION

Add -

DAVID Williams 3/17/75

Add Geodon 40g Bid x 2



ELLISVILLE MEDICAL PARK

A Division of South Central Regional Medical Center

Family Medicine • OB-GYN • Pediatrics • Physical Therapy

Name David Williams DOB/MRN 3/17/75

**ALLERGIES: _____

SMOKER OR NONSMOKER _____

LMP _____

Wt _____ HT _____ B/P _____ HR _____ O2 _____

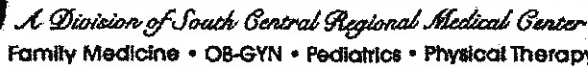
FINDINGS: _____
_____ EMP / MC _____

ORDERS _____

DIAGNOSIS _____
_____ Lab only _____

THIS PT WAS SEEN @ JONES COUNTY ADULT DETENTION

Please Register under EMP



Meds

Metyformin
1000mg BIK

LMP _____

Pubosec

ORDERS _____

Refill Metformin 1000 bid- x 2

Future order A/C & CMP
for 3/6

DIAGNOSIS

CLT-(WILLIAMS)-000017

X
X

Date

Name

Time	Reading	Dosage
	173	

Inmate Signature:

Officer Signature

Inmate Signature:

Officer Signature

Date

Name

David Williams

Time	Reading	Dosage
7:59	205	

Inmate Signature:

Officer Signature

Inmate Signature:

Officer Signature

Date

Name

2-21-17

Time	Reading	Dosage
	173	

Inmate Signature:

Officer Signature

Inmate Signature:

Date

Name

Time	Reading	Dosage

Inmate Signature:

Officer Signature

CLT-(WILLIAMS)-000018

Date

Name

Time	Reading	Dosage
1:45	245	

Date

Name

Time	Reading	Dosage
0639	195	
	184	

Date

Name

Time	Reading	Dosage
0618	164	
	207	

Date

Name

Time	Reading	Dosage
	286	

Date

Name

Time	Reading	Dosage
	250	
3-6-17	255	

Date

Name

Time	Reading	Dosage
1200	195	

Inmate Signature:

Officer Signature

Inmate Signature:

Officer Signature

Inmate Signature:

Officer Signature

Inmate Signature:

Officer Signature

Inmate Signature:

Officer Signature

Inmate Signature:

Officer Signature

Inmate Signature:

Officer Signature

Inmate Signature:

Officer Signature

Inmate Signature:

Officer Signature

Inmate Signature:

Officer Signature

Inmate Signature:

Officer Signature

Inmate Signature:

Officer Signature

CLT-(WILLIAMS)-000019

3-7-11 (111)

Date 3-7-17

Name

D. Williams

Time	Reading	Dosage
2012	117	✓

Inmate Signature: _____

Officer Signature _____

Inmate Signature: D Williams

Officer Signature D. Williams 234

Date

Name

3-10-17

D. Williams

Time	Reading	Dosage
2000	135	
2000	178	✓

Inmate Signature: D Williams

Officer Signature J. Jones 251

Inmate Signature: D Williams

Officer Signature D. Williams 234

Date

3-11-17

Name

D. Williams

Time	Reading	Dosage
2000	132	
2000	134	✓

Inmate Signature: D Williams

Officer Signature J. Jones 251

Inmate Signature: D Williams

Officer Signature D. Williams 234

Date

3-12-17

Name

D Williams

Time	Reading	Dosage
2000	147	
2000	136	✓

Inmate Signature: D Williams

Officer Signature J. Jones 251

Inmate Signature: D Williams

Officer Signature D. Williams 234

te S

9-9-17
Name Williams

Time	Reading	Dosage
	172	

Officer Signature

Officer Signature

Inmate Signature: Will 207

Officer Signature

Date 9-13-17Name WILLIAMS

Time	Reading	Dosage
0607	195	

Inmate Signature: D. WilliamsOfficer Signature: J. Shaw

Inmate Signature: _____

Officer Signature: _____

^ ^

0620	116	

Officer Signature _____

CLT-(WILLIAMS)-000022

Date 9-19-17Name Williams

Time	Reading	Dosage
	<u>Refused</u>	

Date _____

Name _____

Time	Reading	Dosage

Date _____

Name _____

Time	Reading	Dosage

Date _____

Name _____

Time	Reading	Dosage

Inmate Signature: _____

Officer Signature JSK 751

Inmate Signature: _____

Officer Signature _____

Inmate Signature: _____

Officer Signature _____

Inmate Signature: _____

Officer Signature _____

Inmate Signature: _____

Officer Signature _____

Inmate Signature: _____

Officer Signature _____

Inmate Signature: _____

Officer Signature _____

CLT-(WILLIAMS)-000023

Name

Williams

Time	Reading	Dosage

Date

9-23-17

D Roland

Officer

Inmate Signature:

Refused

Officer Signature

J. Hous

Inmate Signature:

Officer Signature

Inmate Signature:

Officer Signature

J. Hous 281

Inmate Signature:

Officer Signature

Inmate Signature:

Officer Signature

J. Hous

Inmate Signature:

Officer Signature

Date

9-23-17

Name

D Williams

Time	Reading	Dosage
0605	161	

Inmate Signature:

Officer Signature

J. Hous

Inmate Signature:

Officer Signature

CLT-(WILLIAMS)-000024

Date

9-23-17

Inmate Signature: _____

Officer Signature: _____

Inmate Signature: _____

Officer Signature: _____

Inmate Signature: _____

Officer Signature: _____

Inmate Signature: _____

Officer Signature: _____

Inmate Signature: _____

Officer Signature: _____

Inmate Signature: _____

Officer Signature: _____

Date

9-26-17

Name:

Williams

Time

Reading

Dosage

0612

104

Refused

Inmate Signature: _____

Officer Signature: _____

Inmate Signature: _____

Officer Signature: _____

Inmate Signature: _____

Officer Signature: _____

Signature: _____

Signature: _____

Signature: _____

Signature: _____

Signature: _____

Signature: _____

Date 9-27-17

Name D Williams

Time	Reading	Dosage
0015	133	

Inmate Signature: _____

Officer Signature: _____

Inmate Signature: _____

Officer Signature: _____

Date 9/26/17

Name David Williams

Time	Reading	Dosage
0630	156	

Inmate Signature: _____

Officer Signature Sgt Allen

Inmate Signature: _____

Officer Signature _____

JONES COUNTY ADULT DETENTION FACILITY

REQUEST FOR CASE MANAGER

INMATE NAME: David Williams

INMATE NUMBER: 2006100473

DATE: 1-22-18

PLEASE ADDRESS THE SITUATION OR CIRCUMSTANCES IN FULL DETAILS. PLEASE KEEP IN MIND THAT THE MATTER SHOULD BE IN REASONABLE CONTROL OF THIS FACILITY. THE REQUEST MUST ALSO REQUIRE A SOLUTION THAT IS WITHIN REASONABLE POWER OF THIS ADMINISTRATION.

My wife is in the hospital and I have no one to take care of her. I have no family and I have no money. Please help me. Thank you.

PLEASE BE PATIENT AND KEEP IN MIND THAT SOME REQUEST MAY REQUIRE A LITTLE TIME DEPENDING ON THE CIRCUMSTANCES OR THE SITUATION.
THANK YOU

*****DO NOT WRITE BELOW THIS LINE*****

RESPONSE:

There are no openings. I
will let you know 1/23/18
Sgt. Graham

JONES COUNTY ADULT DETENTION FACILITY

REQUEST FOR CASE MANAGER

INMATE NAME: David WilliamsINMATE NUMBER: 201 100473DATE: 1-22-18

PLEASE ADDRESS THE SITUATION OR CIRCUMSTANCES IN FULL DETAILS. PLEASE KEEP IN MIND THAT THE MATTER SHOULD BE IN REASONABLE CONTROL OF THIS FACILITY. THE REQUEST MUST ALSO REQUIRE A SOLUTION THAT IS WITHIN REASONABLE POWER OF THIS ADMINISTRATION.

Could you please have a job added to our list in the
 kitchen on the 2nd floor? I have been working there for
 13 years and I am looking for a job that I can do and
 the person I used to be, I'll be working in the kitchen
 and I'll have a job to do. I'll be working in the kitchen
 or the rest.

Thank you

David Williams

PLEASE BE PATIENT AND KEEP IN MIND THAT SOME REQUEST MAY REQUIRE A LITTLE
 TIME DEPENDING ON THE CIRCUMSTANCES OR THE SITUATION.
 THANK YOU

*****DO NOT WRITE BELOW THIS LINE*****

RESPONSE:

your name will be added to our request to
 work list. At present there are not any
 job openings

Jim Nune 1/23/18